

2 of 2

CLAIMS

10/03/818

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		1				
4		1				
5	1					
6						
7						
8		4				
9						
10						
11		4				
12	1					
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22		8				
23		0				
24		0				
25		0				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	14					
TOTAL	18					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 1031818	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	1				1				
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12	1				1				
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48									
49									
50									
TOTAL IND.	1				1				
TOTAL DEP.									
TOTAL CLAIMS	1				1				
51									
52									
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100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

*PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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